

ISSUE SLIT STAPLE AREA (for additional cross references)

| POSITION            | INITIALS  | ID NO. | DATE    |
|---------------------|-----------|--------|---------|
| FEE DETERMINATION   | <i>MR</i> | 75331  |         |
| O.I.P.E. CLASSIFIER |           | 31     | 4/1/99  |
| FORMALITY REVIEW    | <i>DR</i> | 109853 | 4/12/99 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     | ✓     | ✓        | 03/26/02 |
| 2     | ✓     | ✓        | 04/10/02 |
| 3     | ✓     | ✓        | 06/20/03 |
| 4     | ✓     | ✓        |          |
| 5     | ✓     | ✓        |          |
| 6     | ✓     | ✓        |          |
| 7     | ✓     | ✓        |          |
| 8     | ✓     | ✓        |          |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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